P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

ATTORNEY DOCKET NO. 879-240P

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

nsert Title:	IMAGE PROCESSIN	-	ed and for which a patent is sought on the	he invention entitled:			
ill in Appropriate	1 (5) (1) (1)						
nformation —	the specification of which is attache						
or Use ⇒ Vithout	the specification was i	iled on		as			
pecification			(if amplia				
ttached:	the specification was file	d on	(if applic	able); and/or			
	International Application	Number		as ICI			
	amended under PCT Art	icle 19 on	(i	(if applicable)			
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.						
4004 6004	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.						
I do not know and do not believe the same was ever known or used in the United States of America before my thereof, or patented or described in any printed publication in any country before my or our invention thereof or more that to this application, that the same was not in public use or on sale in the United States of America more than one y application, that the invention has not been patented or made the subject of an inventor's certificate issued before application in any country foreign to the United States of America on an application filed by me or my legal represent more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal or assigns, except as follows.							
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application inventor's certificate listed below and have also identified below any foreign application for patent or inventor filing date before that of the application on which priority is claimed:							
%₽ : \$	Prior Foreign Application	(s)		Priority Claimed			
sert Priority formation: ⇒	No.10-251456	Japan	September 4, 1998	•			
appropriate)	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
		•	•				
e#	(Number)	(Country)	(Month / Day / Year Filed)	- Yes No			
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
	(Number)	(Country)	(Month / Day / Year Filed)	Yes No			
sert Provisional pplication(s): ⇒ fany)	I hereby claim the benefit under Title 35, United States Code, §119(e) of a (Application Number)		of any United States provisional applica	(Filing Date)			
	(Application Number) (Filing Date) All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
sert Requested formation:	Country	Application N	Number Date of Fili	ing (Month / Day / Year)			
sert Prior U.S.	insofar as the subject matter of each the manner provided by the first par	of the claims of this application is agraph of Title 35, United States C d in Title 37, Code of Federal Regu	f any United States and/or PCT application disclosed in the prior United States a ode, §112, I acknowledge the duty to distillations, §1.56 which became available to this application:	and/or PCT application in sclose information which			
any)	(Application Number)	(Filing Date)	(Status — patente	(Status — patented, pending, abandoned)			
	(Application Number)	(Filing Date)	(6	(Status — natented pending shandoned)			

I hereby appoint llowing attorneys to prosecute this application and/d ernational application based on this application in connection with the resulting patent based on in the Patent and Trademark Office connected therew and to transact all bu instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:

Raymond C. Stewart	(Reg. No. 21,066)	Terrell C. Birch	(Reg. No. 19,382)
Joseph A. Kolasch	(Reg. No. 22,463)	James M. Slattery	(Reg. No. 28,380)
Bernard L. Sweeney	(Reg. No. 24,448)	Michael K Mutter	(Reg. No. 29,680)
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Send Correspondence to: BIRCH, STEWART, KOLASCH & BIRCH, LLP

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* DATE OF SIGNATURE

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1.13

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or	0				DATE*			
Sole Inventor:	GIVEN NAME FAMILY NAME. INVENTOR'S		INVENTOR'S SIGNATURE .	ENTOR'S SIGNATURE .				
Inventor Insert Date This	Izumi	MIYAKE	Seen mysle		8/24/1999			
Document is Signed	Residence (City, State & Country)		0	CITIZENSHIP				
Insert Residence Insert Citizenship	Asaka-shi, Saitama, Japan Japa			Japane	se			
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Insert Post Office Address	11-46, Senzui 3-chome, Asaka-shi, Saitama, Japan							
Full Name of Second Inventor, if any: see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
į	Residence (City, State & Country)			CITIZENSHIP	L			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
					1			
Full Name of Third	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor, if any see above								
	Residence (City, State & Country)			CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth Inventor, if any see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		1	CITIZENSHIP				
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fifth Inventor, if any see above	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)			CITIZENSHIP	·			
	POST OFFICE ADDRESS (Complete Street Address including City, State & Country)							
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